MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	82MC	A. BUILDING: _____ B. WING _____	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTHA COKER GREEN HOUSE HOME	2041 GRAND AVE YAZOO CITY, MS 39194

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 6/26/23 through 6/29/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M650. The facility held a license for 60 beds at the time of the survey, and the facility census was 57.	M 000		
M 650	45.21.10 Hydration Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy the facility failed to follow a resident's physician prescribed fluid restriction for one (1) of 15 resident records reviewed. Resident #34 Findings include: A review of the facility policy titled, "Fluid Restriction, "revised 03/23/23, revealed, "Policy: It is the policy of the facility to ensure that fluid restrictions will be followed in accordance to physician's orders....Compliance Guidelines: 1.) The nurse will obtain and verify the physician's order for the fluid restriction and an order written to include the breakdown of the amount of fluid per 24 hours...." An interview with Resident #34 on 6/26/23 at 2:05 PM, he revealed he had Congestive Heart Failure	M 650	1. The fluid restriction order for elder # 34 was evaluated and clarified by the registered dietician on 6/29/2023. 2. All elders with fluid restrictions have the potential to be affected. 3. All elders with fluid restriction orders were reviewed and clarified by the registered dietician on 6/29/2023. All licensed staff responsible for providing fluids to the elders were in-serviced on following the physician orders using proper beverage cup sizes and servings to accurately follow those orders by the registered dietician ending on 7/14/2023. 4. The Director of Nursing and Registered Dietitian, Clinical Coordinators will conduct 5 observations of meals and medication passes weekly times four weeks beginning 7/17/2023, then monthly for 3 months to ensure staff are providing the appropriate amount of fluid to elder	8/11/23

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M 650	Continued From page 1 and was on fluid restriction. State Agency (SA) observed a glass of water with measurements on the side of the glass. SA observed 240 milliliters (ml) of water in the glass. Resident #34 revealed he was unsure of how much fluids he can have but confirmed he drinks what is given to him. An interview with Certified Nursing Assistance (CNA) #1 on 6/27/23 at 10:40 AM, revealed Resident #34 was on a fluid restriction and she believed it was 1500 milliliter (ml) a day. CNA #1 revealed Resident #34 is served a 360 ml glass and a 240 ml glass of fluids with each meal. CNA #1 revealed Resident #34 has not ever been angered or non-compliant with his fluid restrictions. CNA #1 revealed she was unsure of how she knew Resident #34 was on fluid restrictions. An interview and record review of Resident #34's Order Summary Report with Licensed Practical Nurse (LPN) #1 on 6/27/23 at 10:50 AM, revealed an order for fluid restriction dated 1/2/23 revealed she had obtained the order for the fluid restriction and revealed the order is for "1000 ml Fluid Restriction Intake Q (every) Shift" and confirmed the restriction is supposed to be 1000 ml every 24 hours. An interview and record review of the physician's order for fluid restriction for Resident #34 with the Director of Nursing (DON) on 6/27/23 at 10:55 AM, confirmed the order reads to her "1000 ml fluid restriction intake Q (every) shift" and she confirmed that a nurse reading the order would think that Resident #34 was allowed 1000 ml every shift equaling 3000 ml daily. The DON also revealed the dietary order read "Regular texture, Regular/Thin consistency, 1000 ml FLUID RESTRICTION." The DON confirmed the fluid	M 650	with fluid restriction diets. The observation reports will be reviewed by the quality assurance and performance improvement plan committee starting on 8/11/2023, and thereafter quarterly times twoto ensure substantial compliance has been achieved and as determined by the committee.	

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M 650	Continued From page 2	M 650		

restriction order should have been written in a way easy for staff to understand and confirmed staff were not following the physician's specific fluid restrictions order correctly for Resident #34 and this placed Resident #34 at risk for fluid overload related to his congestive heart failure.

A review of the progress notes for Resident #34 with the DON for the Months of May and June 2023 on 6/27/23 at 11:03 AM, revealed she could find no documentation of non-compliance with fluid restriction by resident.

A review of the medication record by for June 2023, revealed "1000 ml fluid restriction Q SHIFT (every shift)" no breakdown of the amount of fluids per 24 hours. A continued review revealed Resident #34 received more that the physician prescribed 1000 ml fluid restriction on 21 days from June 1st-26th.

An interview with the Registered Dietician (RD) on 6/27/23 at 3:07 PM, he revealed Resident #34 is drinking 1000-1100 ml fluid at meals and is on a 1000 ml fluid restriction every 24 hours. After review of the medication record with the RD he revealed he had no idea the nurses documented the fluid intake on the medication record and confirmed he gets the average amount of fluid intake from the care guide that the CNA's document on. The RD confirmed after looking at the medication record Resident #34 was receiving a lot more fluids daily than the physician recommended amount.

A review of the care guide for June 2023 revealed "How much fluid did the resident drink?" revealed no directions related to fluid restrictions.

An interview with LPN #2 on 6/27/23 at 3:15 PM,

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M 650	Continued From page 3 revealed that Resident #34 is on a 1200 ml fluid restriction every 24 hours. SA asked how she knew how much fluid she was to give the Resident; LPN #2 revealed the amount should be on the medication record. LPN #2 then revealed the amount of fluid given is documented on the medication record and confirmed she gets the total for the shift she works from the amount of fluids the CNA gives Resident #34 and the amount of fluids given with medication administration. Record review of the Admission Record revealed Resident #34 was admitted to the facility on 7/12/2021 with diagnoses of Acute on Chronic Combined Systolic and Diastolic Congestive Heart Failure and Chronic Obstructive Pulmonary Disease. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) on 6/15/23, revealed that Resident #34 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated that he was cognitively intact.	M 650		